
The Navy Public Affairs Library (NAVPALIB)
A service of the Navy Office of Information, Washington DC
Send feedback/questions to navpalib@opnav-emh.navy.mil

Date: Fri, 8 Apr 94 09:04:30 EDT

R 080426Z APR 94 ZYB
FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-11)//
POC/CAPT P.C. BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)
653-1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF
INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS
MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED
BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY
REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION
ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED
WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT
HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(940079)-FAMILY ADVOCACY PROGRAM
(940080)-NAVY HOSPITAL SHIP USNS COMFORT CONDUCTS SEA TRIALS
(940081)-HISTORIC HEALTH CARE AGREEMENT SIGNED
(940082)-NMC CORPSMAN IS FIRST TO RECEIVE NEW NEC
(940083)-NAVY MEDICAL CORPS RATES HIGH AT NMC OAKLAND
(940084)-NAVY PROGRAM COLLOCATING TO BROOKS AFB
(940085)-MSC RECEIVES AWARD FOR EXCELLENCE
(940086)-GRAND ROUND ABSTRACTS
(940087)-YOKOSUKA HOSTS PACIFIC RIM MILITARY DOCTORS (PARA 4)

HEADLINE: Family Advocacy Program

NAVHOSP Jacksonville, FL (NSMN) -- It's eight o'clock in the morning, your nine-month-old child tips over his baby walker and, as you rescue the screaming infant, his foot gets caught in the walker. He screams loudly as you touch his leg. You rush to the hospital immediately.

Once in the emergency room, a physician examines your infant and orders an x-ray. Without wasting much time, the physician begins to question you about your son's immunization history, well baby visits, growth and past hospitalizations. Then he asks about the drinking habits of you and your spouse, and if there have been other accidents in the family.

The doctor comments that your son's x-ray showed a fracture that is rare for his age, and explains that physicians, teachers and other professionals are obligated by law to report all suspicious injuries.

"I would like to have you talk with the Family Advocacy Program representative," the physician says. You are completely surprised by this and think, "It was an accident. Are they going to take my child away from me?"

The natural response to this kind of situation is to be

afraid, defensive or possibly angry. However, this is the time that cooperation is needed most, and understanding the aims of the Family Advocacy Program (FAP) representative will hopefully make the process more tolerable.

Child abuse is more common than people think. At best, it is difficult to identify, and it is impossible to identify without seeking information.

The parent in this scenario responded correctly to an accident that was just that, an accident. The child was properly supervised and accidents do happen. The parent properly sought immediate medical attention but, because the bone broken is difficult to break in the way described by the parent, the physician properly reported the incident.

The FAP focuses on prevention, identification and the treatment of child abuse or neglect, and it acts as a protective barrier for children who cannot speak for themselves.

Did you know that physical abuse is the leading cause of serious head injury in infants? Did you also know that for every child abuse case reported to a child protection agency, at least three or four more cases seen by professionals are not recognized or reported? And nine children out of every thousand will suffer severe injuries from recognized child abuse. Stunned? Here's another: 20 percent of girls under the age of 18 have been molested. In Jacksonville, Fl, the Florida Times Union reported that 54 incidents of child abuse had been reported in the first four days of April -- National Child Abuse Prevention Month. Of the 54 cases reported, 43 involved children 5 years old and younger.

With the large number of abused children, all parents must understand the necessity and importance of the probing questions sometimes asked by health care professionals. Until a better way is found to identify child abusers, all parents need to understand the reason questionable injuries are referred to FAP and other agencies.

What can you expect to happen if an injury is questionable? The most important thing is that your child gets the proper treatment for his or her injury. When doctors identify an injury as questionable, they will discuss it with the parent and call the Family Advocacy representative.

Sometimes, injury to the child is serious enough that a Health and Rehabilitative Services (HRS) worker may come to the emergency room or visit the parent at home. A Navy Family Advocacy social worker may also interview the parent.

In our earlier scenario, the question might be, "Why do people want to come to my home? It was an accident?" Again, your baby can't talk, and the only way to verify that it was an accident is to investigate. The Family Advocacy representative coordinates with the HRS worker who does the actual field investigation. The HRS worker will examine the baby walker, talk with the doctor and verify the accuracy of what was reported.

After the investigation has been completed, the Family Advocacy social worker will contact the HRS worker to discuss the findings and recommendations. The case then gets reviewed by a committee consisting of a pediatrician, a social worker, a nurse,

a chaplain and a legal representative. The program protects children, but it also ensures that people who need help get help.

If this child's injury had been the result of abuse, the child may have been at risk for death. So, yes, much effort was put into this accidental injury, but in an abuse case, that effort may save an innocent child from severe injury or death.

Story by LCDR Catherine Macyko, MC

-USN-

HEADLINE: Navy Hospital Ship USNS Comfort Conducts Sea Trials

USNS Comfort (NSMN) -- On Monday morning, 11 April, the Navy hospital ship USNS Comfort (T-AH 20) will depart her homeport in Baltimore and go to sea for her annual sea trials. Comfort will "set sail" with a crew of about 300 military and civilian personnel for the one-week cruise. While at sea, the hospital ship will test equipment and conduct annual training, including a mass casualty exercise.

After sea trials, Comfort will proceed to Newport News, VA, for shipyard maintenance and a regularly scheduled overhaul. Newport News Shipbuilding and Drydock Corporation won the competitive bid of over \$1.6 million for drydocking, machinery and communication equipment maintenance as well as habitability improvements. The work is expected to be completed in about 60 days. Afterward, Comfort will return to her layberth in Baltimore.

Most of Comfort's medical treatment facility (MTF) crew comes from the National Naval Medical Center Bethesda, Naval Hospital Patuxent River and Naval Medical Clinic Annapolis, all in Maryland. When the hospital ship was activated to full operating status (FOS) in August 1990 for Operations Desert Shield and Storm, one-third of the FOS crew came from other active and Reserve sea and shore commands, with Bethesda's medical staff making up two-thirds of the ship's MTF crew.

Comfort's 1,000-bed capacity makes her one of the largest trauma care facilities in the United States. When activated, the ship is designed to accept 200 casualties every 24 hours. When not activated, Comfort has a small number of military and civilian personnel assigned to maintain her during reduced operating status (ROS). In ROS, the ship has about 44 Navy personnel and 25 civilian mariners on board and is on standby to activate within five days (ROS-5).

When activated for Desert Shield, Comfort was on station in the Persian Gulf on 8 September 1990, less than one month after receiving activation orders. When fully activated, the number of civilian mariners grew to over 60 and the embarked MTF staff increased to more than 1,200. After an eight-month deployment, COMFORT returned to Baltimore 15 April 1991 and resumed her current ROS-5 status shortly thereafter.

Story by LCDR Jim Brado, MSC

-USN-

HEADLINE: Historic Health Care Agreement Signed

NAVHOSP Camp Lejeune, NC (NSMN) -- On 22 February 1994, the commanding officers from Naval Hospitals Camp Lejeune and Cherry

Point signed an agreement with the administrator of Onslow Memorial Hospital, a local civilian facility, and 20 practicing obstetricians and pediatricians, making a historic step forward in the delivery of health care to Department of Defense beneficiaries in the area.

The agreement is the result of the efforts of the Eastern Carolina Coordinated Care Program (EC3), as well as the initiative of Onslow Memorial Hospital, and will affect approximately 127,000 people who live within the 40-mile catchment area. It covers the delivery of routine obstetrical and newborn care under CHAMPUS as well as the supplemental care program of the naval hospitals.

In the agreement, Onslow Memorial Hospital and individual civilian practitioners will join a network of preferred providers. Military beneficiaries are encouraged to use the network, and the naval hospitals will make detailed referral information available to patients. In return, the participating physicians will accept discounted fees for their services.

EC3 was established in 1992 when the naval hospital COs were looking into implementing a coordinated care concept for local beneficiaries. There are two levels to the network: participating provider and preferred provider. Participating providers accept CHAMPUS assignment for care. Preferred providers not only accept CHAMPUS assignment, but also provide a discount, ranging from 20 to 26 percent. The end result will be lower out-of-pocket expenses for patients. Other patient advantages are that preferred providers will accept CHAMPUS and will not require the cost of the service to be paid in advance. Participating physicians will also file CHAMPUS claims on behalf of the beneficiaries and will not normally charge for noncovered services.

Beneficiaries can contact the naval hospitals' CHAMPUS offices for a list of preferred providers; the choice of provider remains with the patient.

"The Naval Hospital Camp Lejeune is committed to working with Onslow Memorial to provide a stable community of civilian and military health care providers, and this is the first big step in that direction," said CAPT Michael Cowan, MC, Naval Hospital Camp Lejeune's commanding officer.

Story by LT Jeff Plummer, MSC

-USN-

HEADLINE: NMC Corpsman is First to Receive New NEC

NMC Portsmouth, VA (NSMN) -- Naval Medical Center Portsmouth continues a tradition of firsts with a staff member's recent selection as the first designated naval enlisted code, or NEC, 8467.

HM1 Jacqueline Boudreau was awarded the newly established NEC, which functions as an assistant occupational therapist. She has also been nominated to become the first instructor in the specialty training program.

Corpsmen were trained in occupational/physical therapy, as OT/PT technicians (NEC 8466), prior to 1980, when the NEC was eliminated. Boudreau had been an 8466 corpsman and was actively

involved in the reestablishment of an NEC for her specialty. She applied and obtained the new NEC through grandfathering.

In 1985, occupational therapy was in great demand due to shortages within the civilian community. In response, the Navy increased the end strength of active duty occupational therapists between 1985 and 1992. The next step came in 1993, when the Surgeon General approved the new NEC 8467, occupational therapist assistant. There have been 21 billets designated for this NEC.

Candidates for the new NEC will attend the triservice occupational therapy specialist course at the Academy of Health Sciences, Fort Sam Houston, TX. The program consists of 17 weeks didactic and 12 weeks clinical and is fully accredited. The Phase II training will be held at Naval Medical Center Portsmouth beginning later this year.

Story by LT J.D. Coleman, reprinted from The Flagship, 17 February 1994

-USN-

HEADLINE: Navy Medical Corps Rates High at NMC Oakland

NMC Oakland, CA (NSMN) -- One of the medical departments at Naval Medical Center Oakland (NMCO) celebrated the 3 March anniversary of the Navy Medical Corps with a rousing success by its residents.

The orthopaedic residents at NMC Oakland scored in the 95th percentile, as a group, on a nationwide In-Service Orthopaedics exam taken in November 1993.

"Out of approximately 162 groups that took the test, civilian and military, there are only six or seven that scored higher than the residency at NMCO," said CAPT Herbert Alexander, chairman of the Department of Orthopaedic Surgery and director of Residency Training at NMCO. He added that for the past four years alone, they have scored above the 90 percentile on the exam.

The Navy Medical Corps provides care from doctors with "unique training in certain injuries that are unique to the field," said Alexander. A Navy physician "understands the special needs of sailors in the field and at sea."

The NMCO Orthopaedic Department uses the In-Service exam to help ensure its residents get the proper training. "The examination is a tool to measure the knowledge of the individual resident and evaluate the strength of the program overall," explained Alexander. He added that the test also prepares the residents for the licensing boards they are required to take at the end of their four-year residency and two years of practice.

The success of the program depends on a variety of factors. "For the last six or seven years, I have promised the residents a huge formal party at my house if they made the 75th percentile," Alexander joked. In seriousness, he attributed the fine work the staff -- seven orthopaedic surgeons and one podiatrist -- has done to help and discipline the residents to excel. In addition, he said the quality of the residents accepted to the program is very high.

"Our high In-Service exam scores are directly attributable to the quality and amount of formal teaching provided by our

outstanding orthopaedic staff," said senior orthopaedics resident, CAPT Kenneth Koskella. He added that "the consistently high quality of the residents selected for this program and the dedication and hard work in preparation for the examination by the residents" also contributed to the high scores.

Story by Georgianna Lear, reprinted from NMCO's Red Rover, 11 March 1994

-USN-

HEADLINE: Navy Program Collocating to Brooks AFB

BROOKS AFB, Texas (NSMN) -- In a realignment move to collocate Air Force, Army and Navy electromagnetic radiation bioeffects research programs, the Navy Electromagnetic Radiation Bioeffects Research from Pensacola, FL, part of the Naval Medical Research and Development Command, will relocate to the Armstrong Laboratory, Brooks Air Force Base, in October 1994.

This move will complete the collocation of a triservice Electromagnetic Radiation Effects Program at Brooks, announced in Project Reliance guidelines. The realignment emanates from agreements among the Human Systems Center, the U.S. Navy Medical Research and Development Command and the U.S. Army Medical Command.

The Navy detachment will be created from personnel and other assets from the Naval Aerospace Medical Research Laboratory, Pensacola, FL, but will report for command and control purposes to the Naval Medical Research Institute (NMRI) in Bethesda, MD.

Units previously collocated here are the Ocular Hazard Division of the Letterman Army Institute of Research at Presidio in San Francisco, CA, and the Microwave Bioeffects Research from Walter Reed Army Institute of Research, Washington, DC.

CAPT Robert G. Walter, DC, commanding officer of NMRI, said, "The collocation of this research for the U.S. Air Force, the U.S. Army and the U.S. Navy will enhance the effectiveness and efficiency of each service's respective science and technology programs."

Under this program, the respective organizations will inform one another in a timely manner on status, progress and changes in programs as they occur, especially in those areas that may have an influence on each others' activities. With the triservice laboratories, the Department of Defense can downsize and yet maintain a "critical mass" of researchers to collaborate on the collection of scientific and technical data.

Areas of research to be addressed by the program include providing service members and workers with a safe work environment, the performance and survival of armed forces in hostile environments, and also the commitment of environmental responsibility to communities that house military installations. The research being done will help the Department of Defense fulfill these commitments to safety, the environment and all people who serve the United States.

-USN-

HEADLINE: MSC Receives Award for Excellence

NMRDC Bethesda, MD (NSMN) -- CAPT Jerry C. Patee, MSC,

executive officer at the Naval Aerospace Medical Research Laboratory (NAMRL), Pensacola, FL, received the Federal Laboratory Consortium Southeast Regional Coordinator's Excellence Award.

Patee was recognized for his efforts in the implementation of Cooperative Research and Development Agreements (CRADA) at NAMRL and his proactive technology transfer support at other federal laboratories. Under his direction, NAMRL has led the way in increasing involvement by other laboratories in technology transfer activities on a regional and national level.

NAMRL's innovative CRADAs include technology transfer activities with a pharmaceutical firm, a commercial airline, night vision goggle manufacturers and the virtual reality (interactive motion simulator) industry. Story reprinted from the Naval Medical Research and Development Command's Outlook, December 1993

-USN-

HEADLINE: Grand Round Abstracts

SUBHEAD: BUMED Personnel Named ACHE Associates

BUMED Washington (NSMN) -- Congratulations to CAPT Judith Stagg, NC, LCDR William Arbaugh, MSC, and HM2 Sherese Maxie, who were admitted to Associate status in the American College of Healthcare Executives last March. All three are in the office of BUMED's Assistant Chief for Reserve Matters.

-more-

SUBHEAD: Navy Nurse Corps Officer is AAANC President

BUMED Washington (NSMN) -- Congratulations to CAPT Jane Swanson, NC, the new president of the American Academy of Ambulatory Care Nursing. Swanson assumed the presidency in March.

-more-

SUBHEAD: Navy Physician to be AAFP Delegate

NAVHOSP Charleston, SC (NSMN) -- The American Academy of Family Physicians seated three new sets of delegates to the Congress of Delegates representing the constituencies of women, new physicians and minorities. The representatives were selected at a conference in Kansas City this past summer and were seated at the Congress of Delegates in Orlando, FL.

CAPT Warren A. Jones, MC (family practice), was selected as the alternate delegate in 1993 and will be the delegate for the 1994 congress. He represented the Uniformed Services Academy Chapter at the conference last summer and will be attending the leadership conference in Kansas City this summer as well as the 1994 AAFP meeting in Boston.

-USN-

4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 27-29 April 1994, The Persian Gulf Experience and Health, an NIH Technology Assessment Workshop, Bethesda, MD. For information, contact Ann Besignano at (301) 770-3153.

-- 2-13 May 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-- 17-20 June 1994, the first reunion of The American Association of Navy Hospital Corpsmen, Memphis, TN. For more information, contact HMC Joe Havens, 3452 Highland Park Place, Memphis, TN 38111; (901) 324-5693.

-- 9-16 July 1994, The Third National Kaiser Permanente Internal Medicine Conference, Ritz Carlton Hotel, Kapalua, Maui, HI. For information, contact Eric Tepper, MD, Internal Medicine, The Permanente Medical Group, 3400 Delta Fair Blvd., Antioch, CA 94509; (510) 779-5211.

-- 25-29 July 1994, Eighth Annual Sports Medicine conference, San Diego. For information, contact the University of California, Office of Continuing Medical Education, (619) 534-3940.

-- 1-12 August 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-- 17-28 October 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-more-

HEADLINE: Yokosuka Hosts Pacific Rim Military Doctors

STARS AND STRIPES Tokyo (NSMN) -- Military doctors from nine countries around the Pacific Rim gathered at Yokosuka Naval Base this week to discuss topics ranging from humanitarian assistance to combat psychiatry.

But for the doctors who attended the second annual Western Pacific Operational Symposium, the networking they did may have been as vital as what they learned.

"The symposium is important because it allows high-level networking among a number of Pacific Rim countries that would not otherwise have the chance to get together," said RADM David S. Frost, MC, Commander-In-Chief Pacific Command surgeon.

About 40 senior medical officers from the United States, Australia, India, Indonesia, Malaysia, the Philippines, Singapore, Thailand and Japan gathered for the three-day symposium, hosted by Commander, U.S. Seventh Fleet.

"In the past, we in the Pacific Rim didn't have the opportunity to get all the people from the Pacific Rim in one place," said Lt. Col. Ahmad Badrus Bin Othman, a Royal Malayan Army staff officer.

"This conference allows me to network with my counterparts from other countries ... we are looking forward to this being an annual event," Othman said.

While most of the time was spent discussing better ways to medically support troops on the land, sea and air, the growing importance of non-traditional military roles also received attention.

"Unfortunately, 70 percent of the world's disasters occur in this area of the world," Frost said.

"The countries here agree that we in the United States can not respond to all disasters, so the trust and the confidence that is forged here can pay very real dividends in the future," Frost said.

Story reprinted from Pacific Stars and Stripes, 7 April 1994

-USN-

5. Month of April observances and events occurring 11-18 April:
APRIL

Month of the Military Child

National Child Abuse Prevention Month -- "Choose Not to Abuse"

Cancer Control Month

National Alcohol Awareness Month

National Occupational Therapy Month

Youth Suicide Prevention Month

Keep America Beautiful Month

National Humor Month

Mathematics Education Month

11 April: Transfer/Redesignation Board Convenes

11-17 April: National Medical Laboratory Week

13 April: Night Detailing until 2200 Eastern Daylight Time

15 April: Income Tax Filing Deadline

17-23 April: National Organ/Tissue Donor Awareness Week

17-23 April: National Volunteer Week

17-23 April: National Library Week -- "Libraries Change

Lives"

18 April: Active O-5 MC/DC/NC/MS Selection Boards Convene

18 April: Active O-5 Staff LDO Board Convenes

-USN-

5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

-USN-